
Inspection and Test Plan: Civil Inspections

C-2a Initial Drainage Structure Inspection

Photos

***Representative will do a drive-thru inspection and a completion certificate
for each section of road will be issued at the end of the project.*
Note any deviations in the comments section.**

Comments:

Civil Foreman: _____ **Date:** _____

QA/QC: _____ **Date:** _____

Inspection and Test Plan: Civil Inspections

TBD Wind Energy Project

C-2b Final Drainage Structure Inspection

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Structure(s) Identification: _____

Drawing #: _____

Location of Structure: _____

Type of Structure: CMP ☐ RCP ☐ Other: ☐ _____

Number of Structures: _____ Structure Width: _____ Structure Length: _____

Direction of Drain From: _____ Direction of Drain To: _____

Difference in Elevation End to End: _____

Inspection Compliance

1. Culvert has not been damaged during construction activities.	Yes	No
2. If drainage structure is to be placed in county or state ROW, applicable permits have been reviewed and complied with.	Yes	N/A No
3. Sides and bottom of excavation are consistent with design and manufacturer specs.	Yes	No
4. Excavation has been cleaned of all loose debris.	Yes	No
5. Structure width and length per design specifications.	Yes	No
6. Bedding material added per specifications.	Yes	N/A No
7. Coupling bands installed and tightened.	Yes	N/A No
8. Inlet and Outlet meets existing grade or design requirements and design requirements of >1% slope.	Yes	No
9. Fill meets existing road grade and manufacturers specifications: no humps or dips.	Yes	No
10. End sections installed per design specifications.	Yes	N/A No
11. SWPPP installed per drawings and specifications: silt fence, rip rap, etc.	Yes	No
12. Drainage Structure installed per drawings and specifications.	Yes	No
13. Actual amount of cover _____ inches over culvert.	Yes	No
14. Were there any Non-Conformance Reports filed?	Yes	No
If yes, list NCR #____. Has it been resolved?	Yes	N/A No

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C-2b Final Drainage Structure Inspection

Photos

Note any deviations in the comments section.

Comments:

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QA/QC: _____ **Date:** _____